

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 555701 ✓	RECEIPT DATE:	06 / 02 / 00 ✓
IA NUMBER:	PCT/ IB98 / 02032 ✓	IA FILING DATE:	12 / 03 / 98 ✓
FAMILY NAME:	JOERESSEN ✓	DELAY WAIVED (Y/N):	N
GIVEN NAME:	OLAF J. ✓	DEMAND RECEIVED (Y/N):	Y ✓
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	12 / 03 / 97 ✓
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	367.38587X00 ✓	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	CARL I BRUNDIDGE ✓		
	ANTONELLI TERRY STOUT & KRAUS ✓		
STREET:	1300 NORTH SEVENTEENTH STREET ✓		
	SUITE 1800 ✓		
CITY:	ARLINGTON ✓		
STATE/COUNTRY:	VA ✓	ZIP:	22209 ✓
EMAIL:			
APPLICATION TITLES:			
	INTEGRATING COMMUNICATIONS NETWORKS ✓		

TAB TO LAST POSITION,PUSH SEND



Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/555,701	FILING DATE 08/10/2000 RULE -	CLASS 370	GROUP ART UNIT 2739	ATTORNEY DOCKET NO. 367.38587X00	
APPLICANTS OLAF JOERESSEN, DUSSELDORF, GERMANY;					
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/IB98/02032 12/03/1998					
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9725659.8 12/03/1997					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/22/2000 -					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY GERMANY	SHEETS DRAWING 5	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 3
ADDRESS 020457					
TITLE INTEGRATING COMMUNICATIONS NETWORKS					
FILING FEE RECEIVED 1932	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		